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PTO/SB/21 (09-04)

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|---|------------------------|--------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/80669           |
|   | Filing Date            | 3/22/2004          |
|   | First Named Inventor   | Gibbs, T.          |
|   | Art Unit               | 1655               |
|   | Examiner Name          | Meller, Michael V. |
| Total Number of Pages in This Submission  | Attorney Docket Number | T8907.CON          |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>- Postcard<br>- Check \$225 |
| <b>Remarks</b>  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                             |          |        |
|--|-----------------------------|----------|--------|
| Firm Name                                  | Thorpe North & Western, LLP |          |        |
| Signature                                  |                             |          |        |
| Printed name                               | David W. Osborne            |          |        |
| Date                                       | 3/21/06                     | Reg. No. | 44,989 |

| CERTIFICATE OF TRANSMISSION/MAILING   |               |      |           |
|---|---------------|------|-----------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |               |      |           |
| Signature   |               |      |           |
| Typed or printed name   | Judy Anderson | Date | 3/21/2006 |

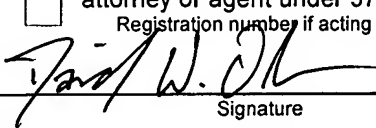
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|   |            |  |
|---|------------|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional)<br><b>T8907.CON</b>     |
| Application Number <b>10/806,669</b>  |            | Filed <b>3/22/2004</b>                           |
| For <b>Nutrient Absorption Enhancing Compositions &amp; Methods</b>   |            |  |
| Art Unit  |            | Examiner <b>Meller, Michael V.</b>               |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |  |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60 \$ _____                                    |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225 \$ <b>225.00</b>                           |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510 \$ _____                                   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795 \$ _____                                   |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080 \$ _____                                  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |  |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |            |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-0100</u> . I have enclosed a duplicate copy of this sheet.                     |            |  |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |            |  |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |            |  |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,989</u>  |            |  |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |  |
| <br>_____<br>Signature   |            | <u>3/21/2006</u><br>_____<br>Date                |
| <b>David W. Osborne</b><br>_____<br>Typed or printed name   |            | <u>801-566-6633</u><br>_____<br>Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |  |
| <input type="checkbox"/> Total of _____ forms are submitted.  |            |  |

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